

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

097254521 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2	/			
3	102			
4	⑦1			
5	1			
6	1			
7	12			
8	⑦1			
9	⑦1			
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TOTAL IND.	2			
TOTAL DEP.	9			
TOTAL CLAIMS	11			

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